

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	11/049,363	
	Filing Date	February 2, 2005	
	First Named Inventor	Arpad Savoly et al.	
	Art Unit	1755	
	Examiner Name	Anthony J. Green	
Total Number of Pages in This Submission	8	Attorney Docket Number	GEO-12828.001

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Rankin, Hill, Porter & Clark LLP	RECEIVED OIPE/IAP
Signature		SEP 19 2005
Printed name	Randolph E. Digges, III	
Date	16-SEP-2005	Reg. No. 40,590

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Signature	
Typed or printed name	Randolph E. Digges, III
Date	16-SEP-2005

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 390.00**Complete If Known**

Application Number	11/049,636
Filing Date	February 2, 2005
First Named Inventor	Arpad Savoly et al.
Examiner Name	Anthony J. Green
Art Unit	1755
Attorney Docket No.	GEO-12828.001

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SEP 16 2005**METHOD OF PAYMENT** (check all that apply)

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- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimers (3)**Fees Paid (\$)**

\$390.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 40,590	Telephone (216) 566-9700
Name (Print/Type)	Randolph E. Digges, III		Date 16-SEP-2005

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